

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213515815			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Cincinnati Indemnity Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CALVIN W "WOODY" FOWLER JR WILLIAMS MULLEN 200 SOUTH 10TH STREET, SUITE 1600 RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: F1003286</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 145496</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CINCINNATI, OH 45250-5496</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN JUSTUS JOHNSTON TITLE: PRES/CEO ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN JUSTUS JOHNSTON TITLE: PRES/CEO ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN JUSTUS JOHNSTON TITLE: PRES/CEO ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN SCOTT KELLINGTON TITLE: CIO & SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN SCOTT KELLINGTON TITLE: CIO & SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN MICHAEL SPRAY TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN MICHAEL SPRAY TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD JOSEPH DOYLE, JR TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD JOSEPH DOYLE, JR TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD JOSEPH DOYLE, JR TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARTIN FRANCIS HOLLENBECK TITLE: SR VP & CIO ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTIN FRANCIS HOLLENBECK TITLE: SR VP & CIO ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN FRANCIS HOLLENBECK TITLE: SR VP & CIO ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY LEE TIMMEL TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TIMOTHY LEE TIMMEL TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY LEE TIMMEL TITLE: SR VP ADDRESS: PO BOX 145496 CITY/ST/ZIP/CO: CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	DAVID THOMAS GROFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	DAVID LAWRENCE HELMERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	ANTHONY E. HENN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	THERESA ANN HOFFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & TREASURER		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	TIMOTHY DALE HUNNINGTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	THOMAS HART KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	CHRISTOPHER OWEN KENDALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	GARY JAMES KLINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	STEVEN WILLIAM LEIBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	ERIC NEIL MATHEWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	RICHARD LOUIS MATHEWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		

NAME:	RICHARD PARKS MATSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	DENNIS E. MCDANIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	IRO & VP		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	DAVID EVERETT MCKINNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	GARY ALLYN NICHOLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	MICHAEL KEVIN O'CONNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	TODD HANCOCK PENDERY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	MARC CHRISTOPHER PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	RONALD LEROY ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	MICHAEL ALAN ROUSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	THOMAS JOSEPH SCHEID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	JACOB FERDINAND SCHERER, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC. VP		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY DALE SCHMIDT VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN O'CONNOR SHEVCHIK SR VP PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BOCK SHOCKEY VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA KAE SMITH VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KEITH SMITH VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN ANTHONY SOLORIA VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS WAYNE STANG VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES EDWARD STREICHER VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DUANE I. SWANSON VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H. THOMAS VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP JOHN VAN HOUTEN VICE PRESIDENT PO BOX 145496 CINCINNATI, OH 45250-5496	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	MARK ALAN WELSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	LISA ANN LOVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP/GC/SEC.		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	TERESA CURRIN CRACAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CRO & SRVP		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	MARTIN JOSEPH MULLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP & CCO		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	JOHN JEFFERSON SCHIFF JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	KENNETH WILLIAM STECHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	CHARLES PHILIP STONEBURNER, II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	EUGENE MARC GELFAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COUNSEL		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	MARK JOSEPH HULLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR COUNSEL		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	GEORGE GREGORY LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COUNSEL		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	WILLIAM FORREST BAHL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		

NAME:	GREGORY THOMAS BIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	WILLIAM RODNEY MCMULLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	THOMAS REID SCHIFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	JOHN FREDERICK STEELE, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	LARRY RUSSELL WEBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	EARNEST ANTHONY WOODS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 145496		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45250-5496		
NAME:	Rodney M. French	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. Box 145496		
CITY/ST/ZIP/CO:	Cincinnati, OH 45250		
NAME:	Thomas C. Hogan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. Box 145496		
CITY/ST/ZIP/CO:	Cincinnati, OH 45240		
NAME:	Michael W. Klenk	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. Box 145496		
CITY/ST/ZIP/CO:	Cincinnati, OH 45250		
NAME:	Helen Kyrios	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. Box 145496		
CITY/ST/ZIP/CO:	Cincinnati, OH 45250		
NAME:	Carol Ann Oler	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. Box 145496		
CITY/ST/ZIP/CO:	Cincinnati, OH 45250		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Martin D. Skidmore VICE PRESIDENT P.O. Box 145496 Cincinnati, OH 45250	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dennis G. Stetz VICE PRESIDENT P.O. Box 145496 Cincinnati, OH 45250	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MARK ALAN WELSH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		MARK ALAN WELSH, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE		3/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					